

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09784069</i>	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2		/					52			
3							53			
4							54			
5							55			
6							56			
7		/					57			
8			/				58			
9				/			59			
10					/		60			
11						/	61			
12							62			
13	/						63			
14		/					64			
15			/				65			
16				/			66			
17					/		67			
18						/	68			
19							69			
20							70			
21							71			
22		/					72			
23			/				73			
24	/						74			
25		/					75			
26			/				76			
27				/			77			
28					/		78			
29						/	79			
30							80			
31							81			
32							82			
33							83			
34							84			
35		/					85			
36	/						86			
37		/					87			
38	/						88			
39		/					89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	6						TOTAL IND.			
TOTAL DEP.	33	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	39						TOTAL CLAIMS			